

Redemption Center Registration and Approval Form

SECTION 1

To be completed by ALL REDEMPTION CENTERS

NAME OF REDEMPTION CENTER

OWNER'S NAME

MAILING ADDRESS OF REDEMPTION CENTER

Street	City	Zip Code
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PHYSICAL ADDRESS OF REDEMPTION CENTER (If different than mailing address)

Street	City	Zip Code
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PHONE, FAX, E-MAIL

Phone	Fax	E-mail
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I AM APPLYING TO BECOME THE FOLLOWING (Check all that apply):

- ☐ Approved Redemption Center (Complete Sections 1 & 2)
 ☐ Unapproved Redemption Center (Complete only Section 1)
 ☐ Redemption Center for a Dealer (Complete Sections 1 & 3)

ACTUAL OPERATING HOURS OF REDEMPTION CENTER

<input type="text"/> SUNDAY	<input type="text"/> MONDAY	<input type="text"/> TUESDAY	<input type="text"/> WEDNESDAY
<input type="text"/> THURSDAY	<input type="text"/> FRIDAY	<input type="text"/> SATURDAY	

SECTION 2

To be completed by APPROVED REDEMPTION CENTERS

NOTE: If you already have an approval on file with the department, please check the enclosed application form and make any corrections, as needed. If no corrections are needed, you may skip this section.

DEALERS TO BE SERVED BY THE REDEMPTION CENTER (Attach separate sheet if necessary)

Name	Address	Distance from redemption center

NOTE: ATTACH WRITTEN CONSENT FROM EACH DEALER LISTED ABOVE.

THIS FORM CONTINUED ON REVERSE SIDE

DISTRIBUTORS OF THE BEVERAGE CONTAINERS TO BE REDEEMED

Attach a separate sheet listing the names and address of all distributors.

WILL METAL, GLASS OR PLASTIC BE CRUSHED OR BROKEN? Yes ☐

No ☐

If "yes," please attach written consent of the distributor or manufacturer.

IN THE SPACE BELOW, PLEASE PROVIDE A WRITTEN STATEMENT DESCRIBING HOW THE REDEMPTION CENTER WILL PROVIDE A CONVENIENT SERVICE TO CONSUMERS. IN ADDITION, PLEASE PROVIDE THE FOLLOWING CAPACITY, CONVENIENCE AND ACCESSIBILITY INFORMATION.

REDEMPTION CENTER'S CAPACITY

- Estimate of number of containers currently redeemed at center on monthly basis, additional number of containers expected per month from customers for each dealer seeking to designate the redemption center, maximum # of containers center can redeem per month

_____ containers per month

_____ additional containers per month expected

_____ redemption center's monthly capacity

- Estimate of number of customers served monthly currently by redemption center, additional number of customers anticipated per month from each dealer seeking to designate the redemption center

_____ customers served currently per month

_____ additional customers expected per month

_____ maximum number customers the redemption center can serve per month

REDEMPTION CENTER'S CONVENIENCE

- Average travel time from dealer's location to the redemption center by personal vehicle

_____ minutes

- If the redemption center is more than one mile from the dealer, explain how the center is convenient to the population served by the dealer.

- Is the redemption center accessible by pedestrian traffic

yes ☐

no ☐

- Is the redemption center within 1/4 mile of public transit that serves the dealer's customers

yes ☐

no ☐

no public transit ☐

- What is the maximum number of customers your center can serve at one time

_____ customers

- What is the maximum number of waiting customers the redemption center space can accommodate _____ customers
- If redemption center is using reverse vending machines, will center be staffed during all operating hours
yes ☐ no ☐ not applicable ☐
- Is your redemption center handicap accessible?
yes ☐ no ☐
- If the redemption center is not handicap accessible will arrangements be made to assist handicapped customers?
yes ☐ no ☐
- Names of other dealers that this redemption center has DNR approved designation agreements with:

Dealer	Street Address and City

- How many additional redemption centers are in your community, excluding stores (please name the centers)
_____ redemption centers

Redemption Center Name	Street Address and City

SIGNATURE

I understand that by agreeing to be an approved redemption center for the dealer listed above, I agree to take back all the same kinds, sizes and brand names sold by the above listed dealers and shall pay back the refund value for all beverage containers that bear an Iowa refund value and are sold by the dealers listed above.

SIGNED _____ DATE _____

THIS FORM CONTINUED ON REVERSE SIDE

SECTION 3 (This section only needs to be completed if you are going to pick up containers from a dealer (retailer) or the dealer is going to bring them to you for sorting).

To be completed by REDEMPTION CENTERS FOR A DEALER

DEALERS SERVED BY THE REDEMPTION CENTER (Attach separate sheet if necessary)

Name	Address

NOTE: ATTACH WRITTEN CONSENT FROM EACH DEALER LISTED ABOVE.

DISTRIBUTORS OF THE BEVERAGE CONTAINERS TO BE REDEEMED

Attach a separate sheet listing the names and address of all distributors.

WILL METAL, GLASS OR PLASTIC BE CRUSHED OR BROKEN? Yes ☐ No ☐
 If "yes," please attach written consent of the distributor or manufacturer.

Return application to:

Department of Natural Resources
 Wallace State Office Building
 502 E. 9th St.
 Des Moines, IA 50319-0034
 Fax 515.281.8895